

Indiana Department Of Homeland Security	Technician Level Training Program	Confined Space Rescue Module	Master Checklist Of JPR's	
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Student Name:

This is intended as a comprehensive psychomotor skills checklist and is to be used to document student skills practice.

Directions: A master checklist must be completed for all students.

As any of the listed skills are practiced, the instructors / evaluators shall complete document such complete opportunities up to two (2) times.

Student must be afforded an opportunity to practice those skills *prior* to the skills evaluation. Performance of skills is dependent on the "usual and customary" practices of the jurisdiction(s) having authority. Evaluators should note those skills not performed due to jurisdictional practices.

Only those skills actually practiced shall be recorded as having been completed. When the skill is performed satisfactorily, the "Sat." column should be checked. However, if the skill is NOT performed satisfactorily, then the "Unsat." column should be checked. If a student was *not* afforded an opportunity to practice any of the skills, instructors / evaluators must document such by writing "NA" in the "Sat." box.

Psychomotor Confined Space Rescue Technician Skills Practice Checklist

Skills Practiced	NFPA Standard	Date	Initials	Sat	Unsat	Date	Initials	Sat	Unsat
Personnel operating at the technician level shall meet all awareness level requirements regarding Confined Space, Rope, Vehicle / Machinery, and Trench / Excavation as specified in NFPA 1670.	7.4.1								
Personnel operating at the technician level shall meet all operations level requirements regarding Confined Space, Rope, and Vehicle / Machinery as specified in NFPA 1670.	7.4.1								
Personnel operating at the technician level shall meet all technician level requirements regarding Confined Space, Rope, and Vehicle / Machinery, as specified in NFPA 1670.	7.4.1								
Personnel operating at the technician level shall meet all awareness and operations level requirements as specified in NFPA 472, <i>Standard of Professional Competence of Responders to Hazards Material Incidents</i> .	7.4.1								
01:00 Hazard Recognition									
01:01 Identify specific procedures for mitigating hazards at a confined space, with consideration of the following:	7.4.3 (1)								
01:0101 Personnel protective equipment, fall protection, harnesses.	7.4.3 (1)								
01:0102 Lockout / tag out procedures.	7.4.3 (1)								
01:02 Procedures to perform a confined space hazard assessment. (i.e. entry permit)	7.4.3 (1)								

Skills Practiced	NFPA Standard	Date	Initials	Sat	Unsat	Date	Initials	Sat	Unsat
01:03 Procedures to perform a scene assessment in order to determine the magnitude of life safety, with consideration of the following:	7.4.3 (1)								
01:0301 Type, size, access and internal configuration.	7.4.3 (1)								
01:0301 Information regarding current and potential hazards.	7.4.3 (1)								
01:0301 Risk versus benefit analysis.	7.4.3 (1)								
01:04 Continued size-up of existing and potential conditions, with consideration of the following.	7.4.3 (1)								
01:0401 Engulfment potential, environmental, harmful forms of energy, configuration hazards.	7.4.3 (1)								
01:0402 Available / necessary resources.	7.4.3 (1)								
01:0403 Establishment of control zones.	7.4.3 (1)								

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01:0404 Magnitude of the hazard and isolation procedures.	7.4.3 (1)								
01:0405 Effectiveness of the non-entry or qualifying entry-type rescue.	7.4.3 (1)								
01:0406 Overall safety of rescue operations.	7.4.3 (1)								
01:0407 Level of rescue response (appropriate for the type of rescue being attempted).	7.4.3 (1)								
01:0408 Current and projected status of the planned response.	7.4.3 (1)								
01:0409 Maintained personnel accountability.	7.4.3 (1)								
02:00 Rescue Procedures									
02:01 Development/Implementation of Incident Action Plan response for entry– type confined space with hazards.	7.4.3 (3) 7.4.4 (4)								
02:0101 Options for entry-type rescue beyond the capabilities of operations level personnel to include vertical, horizontal, suspended, entrapped or engulfed.	7.4.3 (3) 7.4.4 (4)								
02:0102 Determination of response objectives: victim rescue, recovery, remote extrication, nonintervention.	7.4.3 (3) 7.4.4 (4)								
02:02 Identify/Implement medical surveillance procedures to be used by rescue team members.	7.4.3 (2)								
02:03 Implementation of Incident Action Plan.	7.4.3 (3) 7.4.4 (4)								
02:0301 Performs duties within the local incident management system.	7.4.3 (3) 7.4.4 (4)								
02:0302 Performs entry-type rescue into confined space while wearing necessary, PPE, including SCBA/SABA.	7.4.3 (3) 7.4.4 (4)								
02:0303 Performs support functions for entry-type rescues.	7.4.3 (3) 7.4.4 (4)								
03:00 Patient Packaging									
03:01 Packaged or assisted with packaging a victim in a simulated confined space setting.	7.4.3 (3) 7.4.4 (4)								
03:02 Provide initial medical treatment and provides pertinent information concerning victim to EMS by AHJ protocols.	7.4.3 (3) 7.4.4 (4)								
04:00 Retrieval Systems									
04:01 Assisted with the construction of a tripod retrieval system.	7.4.3 (3) 7.4.4 (4)								

Skills Practiced	NFPA Standard	Date	Initials	Sat	Unsat	Date	Initials	Sat	Unsat
04:02 Assisted with the construction of rope lowering and raising system in a high-angle environment as used by the AHJ.	7.4.3 (3) 7.4.4 (4)								
04:0201 Assisted with the retrieval of a victim with a rope lowering or raising system in a high-angle environment as used by the AHJ.	7.4.3 (3) 7.4.4 (4)								

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Documentation of Observed Unsatisfactory Performance

Skill #	Date	Description of Unsatisfactory Performance	Instructor / Evaluator

Acknowledgments

Participant Acknowledgment:

I acknowledge that this document has been reviewed by me. I also certify that I was provided with an opportunity to practice the skills listed above and marked as having been practiced by me and acknowledge those skills marked as unsatisfactory and understand the recommendations related to these unsatisfactory skills.

I also understand that this document may become a part of my training records retained by my respective affiliated jurisdiction and may be retained and reviewed by the sponsoring agency.

Participant's Signature: _____ Date: _____

Affiliated Agency: _____

Instructor Acknowledgment: I certify that the above named participant has reviewed this document.

Instructor's Signature: _____ Date: _____

Affiliated Agency: _____